

Provider Update

A Publication of BreastCare

You're the Reason

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Did You Submit Your BreastCare Provider Agreement for FY08? We need you!

If you did not return the FY08 Public Health Service Agreement to the BreastCare Contracts Management office by September 30, you have been deactivated as a BreastCare provider. If you wish to continue as a BreastCare provider, please call 501-280-4097. If you are unsure whether or not your provider agreement was submitted or cannot locate one, BreastCare will be happy to provide you with another copy. We don't want to lose you!

Continuing Education Opportunities

The following Web site provides a very good, free self-study module on Human Papillomavirus (HPV) that offers 1.0 CEU/CME. It only takes about 20 minutes to read the material and take the course. To get started, register at www.rn.org/coursecatalog.php#free. There is no charge.

A fall workshop is being planned for participating BreastCare providers. The target audience is primary care providers (PCP) including Local Health Units, Community Health Centers, Area Health Education Centers and physicians and nurse practitioners in private practice. Check the BreastCare Web site later for more details or contact Karen Young at 501-374-6609 ext. 527.

Please help us evaluate our professional education efforts by letting us know when you receive CME/CEU

credit through programs offered on the BreastCare Web site. We are very interested to know when you take the self-study breast modules found at www.medscape.com/editorial/public/breastcancer-cdc and www.medscape.com/womenshealth/cme. You may contact Tina Patterson RN at 501-661-2018 or Christina.Patterson@arkansas.gov for more information.

Limit on Follow-up Pap Tests

BreastCare will reimburse up to three Pap tests in one year. After an abnormal conventional or liquid-based Pap requiring LEEP or conization, a repeat Pap within six months is reimbursable. BreastCare's protocol for Pap with ASC-US result is HPV DNA high risk testing. Women with positive HPV tests are referred for colposcopy and possible treatment. Women with negative HPV tests receive a conventional or liquid-based Pap within one year.

Convention or Liquid-based Pap Tests?

BreastCare promotes the use of liquid-based Pap tests (LBT), but will reimburse for either a conventional or liquid-based Pap test per policy. You may see your patients starting to request the LBT so you might want to get prepared. Check with your cytology lab regarding supplies. When an appointment is scheduled for a Pap, the BreastCare Phone Center will ask for the type of Pap to be collected. It is important that the type of Pap be

documented for billing purposes. A conventional Pap with normal results is reimbursed yearly. A liquid-based Pap with normal results is reimbursed every two years. After three consecutive negative Pap results, a Pap is reimbursed every three years. A conventional Pap and LBT cannot be alternated. A conventional Pap will not be reimbursed if the patient had an LBT in the previous year.

Are You Following BreastCare's Pap Test Policy?

The cytology laboratory cannot be reimbursed for interpreting a Pap on a patient who has had a hysterectomy for a benign condition. They must have the patient's BreastCare ID number and other health insurance information to submit a claim. Please help by following the BreastCare policy for Pap tests. It is also very important to give the lab any history of abnormal Pap including type and treatment.

- BreastCare clients who have had hysterectomies for benign conditions are not eligible to receive a Pap test unless they still have a cervix or they have had cervical cancer.
- The BreastCare client ID number must be entered on the Pap requisition in order for the laboratory to bill for the interpretation of the Pap test.
- Any health insurance that a Plan B BreastCare client has must be billed first before billing BreastCare.

You must provide the cytology laboratory with the client's other health insurance information so they can also bill.

The Sister Study: Research to Find Causes of Breast Cancer

The Sister Study is conducted by the National Institute of Environmental Health Sciences, one of the National Institutes of Health. Fifty thousand women, ages 35-74 from all walks of life will join this landmark research effort to find causes of breast cancer. Women are eligible to join if their sister (living or deceased) related to them by blood had breast cancer and

- They are between the ages of 35 and 74
- They have never had breast cancer themselves
- They live in the United States or Puerto Rico

Please refer your patients who may be eligible to the Sister Study. Visit www.sisterstudy.org or call toll-free 1-877-4SISTER to learn more.

NPI Update

Effective October 14, 2007, BreastCare only accepts the NPI on claims and eligibility. All claims will require NPI including those submitted on the Internet, Provider Electronic Solutions software, and paper. The BreastCare Provider Number will no longer be accepted on claims and any claims received with this number will not be paid.

Qualifying Diagnoses and Codes for Medicaid Category 07

Please review the list of limited breast and cervical cancer, CIN II and CIN III diagnosis codes covered by Medicaid Category 07. V10.3, history of malignancy, is not reimbursable under any circumstance. When you have performed a mammogram on a patient who is currently in breast cancer treatment, you must use the appropriate breast cancer diagnosis code. When you perform follow-up tests on a patient who is currently in breast or cervical cancer treatment, you must use the appropriate diagnosis code for cancer. If you don't, your claim will be denied.

Breast Primary

- 174.0 – nipple (includes Paget Disease)
- 174.1 – central portion
- 174.2 – upper inner quadrant
- 174.3 – lower inner quadrant
- 174.4 – upper outer quadrant
- 174.5 – lower outer quadrant
- 174.6 – axillary tail
- 174.8 – ectopic sites specified as breast tissue

- 174.9 – breast (connective tissue, female glandular tissue, soft parts)
- 233.0 – carcinoma-in-situ (includes ductal and lobular)

Breast Secondary (recurrent or metastatic)

198.81

Cervix Primary

- 180.0 – endocervix
- 180.1 – exocervix
- 180.8 – other specified sites of cervix
- 180.9 – cervix uteri unspecified
- 234.0 – carcinoma-in-situ of other and unspecified sites (cervical region)
- 234.8 – other specified site
- 233.1 – CIN III
- 622.12 – CIN II
- *622.1 – CINI (ineligible diagnosis)

Cervix Secondary (recurrent or metastatic)

- 198.82 – cervix
- 198.89 – cervical region

* Note: Diagnosis must be from a tissue biopsy. A clinical diagnosis may be used for metastatic disease with prior approval.

HOW ARE WE DOING?

BreastCare strives not only to provide excellent service to our clients, but also to our providers. This newsletter is one way we are striving to meet the needs of our providers by providing clear, consistent communication.

Help us serve you better, by providing feedback on this newsletter to Dianne Crippen, RN, Program Nursing Coordinator at Dianne.Crippen@arkansas.gov.

BreastCare Program Director

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BreastCare Enrollment Center

1-877-670-CARE (2273)


Say Yes to a Mammogram!
www.ArBreastCare.com